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Original Communications.

Resumé of a few of Ricord's Lectures of 1857 and '58, at Hopital du Midi, Paris, on the Chancre. Article 3.

BY ROBERT BOLLING, M. D.,
of Philadelphia.

INDURATED CHANCRE.—*Treatment, &c.*—*Abortive Method, its Importance in Protecting against the Diathesis.*—*At what Period to Administer Mercury, &c., &c.*—*Dose—Salivation, &c.*—The local treatment does not differ much from that employed in the treatment of simple soft chancre—cleanliness, dressings with charpie and aromatic wine, and in this variety we may employ, also, calomel ointment. This variety of chancre offers this remarkable character of running rapidly through its periods, and cicatrizing spontaneously, if not interfered with by inopportune applications. The important point is to cauterize, and profoundly, at the very commencement; for chancre, no matter of which variety, is at first only a local lesion. The constitutional effect is not instantaneous, but requires a certain time to develop. Profit, then, by this interval, and destroy the venom as soon as possible, and thus prevent the inevitable constitutional infection, if it be a hard chancre. As far back as 1508 the importance of this was known. The exact period, after the appearance of the chancre, that the infection takes place, is not known. It is a practical fact, however, that all chancres properly cauterized before the fourth day are never followed by constitutional symptoms: thus says Mons. Ricord, and this opinion corresponds with that of Mr. Sigmund, of Vienna. Exci-

sion of chancre, within the same limit, has the same effect, but is not always applicable. The abortive treatment is all-important; in it rests the safeguard against a constitutional affection. Impress this on the minds of patients: that no evils ever arise if the chancre is properly cauterized before the fourth or even the fifth day. If you have delayed longer than this the cauterization is of no avail as a prophylactic. Once the induration appeared, the constitution is affected; if you cauterize now you only destroy a symptom, but do not in any way affect the diathesis. There is a specific for naissant constitutional syphilis—it is mercury. Rules for its administration:

1. Administer interiorly when the digestive organs will permit of it.
2. When the digestive organs do not admit of it, by means of friction.
3. In some persons it will be found well to alternate.
4. Some persons are refractory, even to these two modes. Employ, then, the inspiration of mercurial vapors. It will be found that, by changing the preparation, the desired effect is brought about, although the patient resisted a long time. Ricord gives preference to this formula:

R Hydrag. iodidi,
Glyceriza pulv. aa gr. iij.
Ext. opii. gr. j.
Confect. rosar. gr. vj.

M. et div. in pil. No. V.

S. Dose one to three a day.

The effect is generally noticed after eight days. Wait eight days, and then increase the dose, then increase again when the disease seems to have come to a statu quo. The mercurial treatment, from accidents that it pro-

duces, must often be suspended for a while, then taken up again. Two important questions—

1. Ought the mercurial treatment to be commenced from the debut of the infecting chancre?

2. Or ought it to be deferred until the appearance of constitutional symptoms?

With Ricord the initial sign of the constitutional affection is induration; hence, from the first appearance of induration, he gives mercury. Some wait for the appearance of constitutional symptoms. The diathesis exists—why wait? Why not try to retard or modify these coming symptoms? It is often difficult to diagnose at once absolutely between the two chancres; and as it is hurtful to administer mercury when there is only a simple chancre, wait then until you know positively the nature of your chancre, before administering it. Never administer mercury in case of a doubtful chancre; if so you will not be able to give a correct prognosis. Wait until your diagnosis is made out, then, if it be an indurated chancre, commence its use without delay.

Salivation has been regarded as useful and indispensable for the proper cure of syphilis; hence it was brought on and kept up. These beliefs and practices had no useful effect, and served, too, to prejudice people against the remedy. Mercury does not act upon syphilis by the disorders that it can be made to produce. Its influence is not measured by its pathological effect; the reverse is more true.

The curative action of mercury is generally suspended as soon as the morbid symptoms belonging peculiarly to the remedy, manifest themselves. Salivation or evacuations of any sort retard rather than aid the cure. If, in the course of treatment, salivation should come on, combat it at once with the chlorate of potash. The dose must vary with the constitution. The influence that it has on the existing symptoms will be a guide.

Mercury is given as a curative, as well as a preventive remedy. When used as a preventive, you must be guided by the irritation of the salivary glands; by this you can know that the constitution is affected. Diminish

then a little the dose, to increase it again after awhile, to see if the system remains under its influence. Mercury is only useful in the initial or secondary forms of the constitutional affection, and hurtful even in the later or tertiary forms, &c. For these more tardy forms the iodide of potassium is the specific. Formula:

R Potass. iodidi, 30 grains.

Syrup. gentianæ, 500 grains. M.

S. A tablespoonful three times daily.

Ricord says that 30 to 45 grains of the iodide of potassium should be given each day. Sometimes we may increase the dose to two, three or four times that quantity. It is a preventive, par excellence. Now, finish a treatment of an indurated chancre without giving the iodide, and it will almost invariably ward off future manifestations. M. Ricord gives this rule: six months of mercurial, then three months of the iodide of potassium, giving daily doses. This treatment must, of course, be somewhat modified, according to the indications and exigencies of particular cases.

Scirrhus of the Stomach.

By J. R. McCLEUNG, M. D.,

Of Philadelphia.

On the 5th of June, 1852, I was called upon to visit Joseph Chamberlain, of Chester county, a farmer by occupation, aged about forty years, of medium size, and a decidedly bilious temperament. He informed me that he had been unwell for some days, but not confined to bed. He had always been a very healthy man, and perhaps not one whole day sick at any time in his life, until some six months since, when he began to feel some uneasiness in the stomach, for which he took a dose of purgative medicine. Experiencing but little relief, however, he consulted his family physician, who informed him that he had dyspepsia, and he was treated accordingly. He still received but little, if any benefit from this course of treatment, and one day, when away from home, he became very sick and vomited a quantity of thick bilious matter. This was the first time he had vomited, but from that

time to the present—a period of almost three months—he had vomited frequently. The above is the history I received from the patient on my first visit. I found him in the following condition: He was in bed, although he had been up the greater part of the day, and appeared to be quite unwell and considerably emaciated. He complained of no pain whatever, but of an uneasy, burning sensation in the stomach. Had no inclination for food, considerable thirst, feeble pulse and 95 per minute; tongue covered with a thick, white coat; voice strong and deliberate; eyes remarkably bright, and the skin of a sallow color; no disposition to sleep; vomiting frequent and sometimes in a large quantity, of dark, slate-colored fluid, having an exceedingly unpleasant acid taste.

Upon examining the abdomen, I found a tumor very perceptible to the touch, of the size of an orange, which, after having examined particularly, placing the patient in different positions, I did not for one moment doubt was seated at the pyloric extremity of the stomach, and taking the past history of the case and his present appearance and condition, did not hesitate to form a diagnosis of scirrhus of the right extremity of the stomach, and to inform my patient (for he wished to know the whole truth) that my prognosis of his case was most unfavorable, and that his life, under the most favorable circumstances, might terminate in *very few weeks*. Notwithstanding every effort on my part, the acidity of the stomach and the vomiting continued, and he sank rapidly, and died on the 15th of June, ten days from my first visit. On inspection, fifteen hours after death, the tumor which had been felt externally proved to be scirrhus of the stomach. There was a hard mass or ring entirely surrounding the pyloric orifice, two and a half inches wide and one and a half inches thick, but without the *least appearance* of inflammation or disease upon its external aspect or in the surrounding viscera. Upon the internal or mucous surface of the stomach, at the inferior side, or that corresponding with the greater curvature and contiguous to the pylorus, was found a somewhat circular space

of one inch and three-quarters in diameter, from which the entire mucous membrane was removed, leaving the muscular coat exposed. The pyloric orifice was very small and rigid, and it was impossible to force the index finger through it. I divided the hard mass and pyloric sphincter, and found that the abrasion or ulceration of the mucous membrane, to the width of one-fourth of an inch, extended entirely through the orifice. After a thorough examination, no other than the above pathological appearances were found, and I was necessarily forced to the conclusion that death in this case was the result of the ulceration and entire removal of a small portion of the mucous membrane of the stomach. What produced this ulcer or removal of the lining membrane we are at a loss to infer, for there was not the least possible appearance of disease in any other part. Could the mechanical constriction of the pylorus produce an abrasion or ulceration in this case? But I would here remark that I have never yet found a single case, in which there was vomiting of that peculiar slate-colored fluid, without finding more or less destruction of the mucous membrane of the stomach.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. W. W. Gerhard.

SATURDAY, APRIL 2D.

Reported by T. A. Demmé, M. D.

Gangrene of the Lungs.—The young man just brought into the amphitheatre has the general aspect of a person in good health; that is, he is not broken down, haggard, and excessively emaciated. He is a seaman. His family has no hereditary tendency to any particular disease. For a month he has had a cough. Night before last he had hæmorrhage from the lungs; not much fever; appetite not good; skin is hot; pulse frequent and small; he expectorates a dirty, yellowish brown liquid, having a most disagreeable, heavy, fetid odor. This expectoration generally comes on after a violent fit of coughing.

Percussion.—The entire left lung gives a dull sound; the right side, upper portion, slightly dull; lower portion, about the normal sound.

Auscultation.—Left lung, mucous rhonchus and rude respiration; no bronchial respiration.

Diagnosis.—The dirty brown expectoration, and the oppressive odor, taken in connection with the physical signs, indicate the existence of gangrene of the lungs. These are also the evidences of tubercular disease.

Phthisis and gangrene will often exist together, but they by no means stand to each other in the relation of cause and effect. The diagnosis between the two can generally be easily made, independently of the physical signs of phthisis. The general appearance and the profuse hæmorrhage from the lungs will lead to the detection of the one disease, whilst the fetid expectoration is almost diagnostic of the other. This man has also had hæmorrhage from the lungs, but this occurred in small quantities at one time, and was probably the result either of pulmonary congestion, or of ulceration in the course of the bronchial mucous tract.

Pain, in affections of the lungs, is by no means a guide as to the nature and extent of the disease: it is always the consequence of pleurisy, either primary or intercurrent. The pain of pleurisy is not always marked; at least seven or eight out of every ten persons have had pleurisy, and yet but few may be able to date the time of the attack.

Difficulty of respiration is generally, as in the present case, very great in gangrene. This difficulty is always due to induration of the lung. Patient breathes 32 times in a minute.

The *expectoration* of gangrene, as before remarked, is almost diagnostic—almost: for we sometimes have the fetid odor in certain chronic diseases of the lungs. This is very rare. I have seen it in but two or three cases.

The *Physical Signs* are not positive—the same sounds occur in pneumonia and phthisis—but when gangrene is proved to exist, auscultation and percussion will demonstrate its exact position.

Prognosis in the present case is favorable.

Treatment.—It must be apparent to you that in such a disease as gangrene of the lungs, we must resort to supporting remedies; he takes 24 grains of the sulphate of quinia during the course of the 24 hours. The opiates will be of eminent service in this case, in consequence of their allaying the weakening and prostrating cough. We are giving one-fourth of a grain of opium every 2, 3 or 4 hours, as his condition indicates.

Alcoholic Medicines.—These are to be freely given, not in the forms of wine whey, which in such a case as this would be useless; we have ordered the administration of whiskey in sufficient quantities to produce a slight stimulant effect.

To check the disposition to hæmoptysis, we are giving tannic acid.

For intermittent pleurisy, counter-irritants will be prescribed.

Diet—The most nutritious and supporting.

Tinctura Veratrum Viride.—Dr. G. introduced a number of patients that had been placed under the influence of the above new and popular sedative. The medicine was generally given in the dose of 4 drops every 3 or 4 hours. Under this treatment, one patient laboring under acute rheumatism, had the pulse reduced from 130 to 50 beats a minute, after continuing the use of the tincture for three days.

The veratrum viride is very similar to digitalis in its action, but much more powerful.

Service of Dr. Neill.

APRIL 2.

Syphilitic Iritis.—The man that I now exhibit to you presents a deformity about the eye—the consequence of syphilis. Upon examining the eye, an injection of the conjunctiva is noticed. This is a secondary matter, but around the cornea there is a redness—a pinkish zone surrounding the cornea. This is a symptom of inflammation of the iris. Upon examining the irides it is at once noticed that the color is changed in consequence of the inflammation. Upon a closer examination, we find that the iris is not smooth, but roughened, and also that the pupil is irregular, not oval, but distorted. This is owing to a still further change in the structure; it is the result of the effusion of lymph. Not only is there an effusion into the substance of the iris, but also in the pupil, and in this lies the great danger of syphilitic iritis.

This is iritis, inflammation of one of the most vascular and sensitive organs of the body. The iris is a peculiar structure, both in regard to its physiology and pathology.

The treatment is to be conducted upon general principles. The great object is to prevent effusion and consequent closure of the pupil. If you so modify the condition of the blood that this effusion does not take place, you attain a good end.

In acute iritis you often must resort to depletion and the mercurials and the iodide of potassium, etc. To allay pain and dilate the pupil the ointment of belladonna may be rubbed upon the brow, or a solution of atropia dropped into the eye. This man, however, is laboring under syphilitic iritis, and does not require depletion. In this affection the loss of blood is seldom required, and often it is not necessary to give mercury. This man will be placed under the influence of the iodide of potassium.

Chronic Eczema.—I admitted this man at the gate of the hospital, inasmuch as he is laboring under a very common disease, which, however, is often not properly understood and treated.

There is a discoloration of the skin of both legs—it is a symmetrical disease—the legs are black and blue, consequent upon a congested state of the

capillaries; there is a tendency to a serous effusion, and the skin is disposed to crack. The man has had the disease for eleven years—it is, therefore, by no means an acute affection; he complains of an unbearable itching, which is most severe in the newer diseased portions.

This is chronic eczema, a vesicular disease of the skin.

The treatment is not always unsatisfactory, even in a very chronic case. The limbs should be kept clean and at rest, and enveloped in macilage for weeks, until the congestion disappears, and then the following ointment applied.

R. Hydrarg. chlor. mit. gr. x.

Hydrarg. ox. rub. ℥j.

Unguent. simp. ℥j.

M.

Exophthalmia.—The patient, a colored man, is laboring under what would be called exophthalmia, but in the present case a more correct term would be Prolapsus of the Conjunctiva.

The eye is pressed forward, raising and separating the eyelids, which can no longer cover the eye; but this condition of the eyelids is greatly aggravated by the great thickening and hypertrophy of the conjunctiva. Patient has had disease of the eye, resulting in loss of vision; it is probable that the present condition of the conjunctiva is owing to the congestion which at that time took place.

I propose to-day to remove the mucous membrane, so that the eyelids may be brought together.

The operation was performed, with the favorable result anticipated.

Amputation of the Finger, in consequence of necrosis of the phalanx, resulting from a felon, was also performed.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, MARCH 9TH.

Dr. Coates, (President), in the chair.

Subject for Discussion.—THE EVILS OF ARDENT SPIRITS AND TOBACCO, CONSIDERED IN THEIR MORAL, SOCIAL AND PHYSICAL INFLUENCES.

DR. CONDIE opened the discussion by remarking that the subject proposed for consideration this evening was one of as vast extent as it was of infinite importance. The proper examination of even the physical evils resulting from the habitual and excessive use of alcoholic drinks was of itself sufficient to occupy profitably many evenings—justice

could not be done to it in the few hours devoted to a single session.

The use of alcoholic beverages produced very different effects upon the human organism, according to the form in which they are taken, and the extent to which they are indulged in. Even the external appearance of those who indulge to excess almost exclusively in one or other of the alcoholic drinks in common use, indicate this difference in their effects upon the functions of organic life. The purple, carbuncled face of the wine-bibber, and his gouty limbs, or the burly form, ruddy countenance, and over-distended blood-vessels of the consumer of the stronger malt liquors, form striking contrasts with the pale, melancholy countenance, the emaciated or bloated frame, and feeble gait of such as partake freely of the ordinary distilled liquors of the tavern and gin shop.

In his attempt to introduce the discussion of the question of the evening, Dr. C. found it very difficult to determine where to commence.

When taken into the stomach in moderate quantities, alcoholic drinks act primarily as a diffusible stimulant—increasing temporarily the enervation of the several organs. And to the extent indicated, they may be probably used, provided the dose is not repeated at too short intervals—by an individual of a temperament not too excitable, for a long time, without their producing any decidedly bad effects. The worst influence of such a use of alcoholic drinks would be, perhaps, the creation of a morbid appetite for the pleasurable stimulus they impart, which would be gratified only by constant increase in the dose, until, finally, habits of beastly intemperance become established.

A moderate portion of alcoholic liquor, occasionally taken, may, it is true, at first augment the appetite, but when taken in too large quantity or too frequently, the effect of alcoholic drinks is almost invariably to destroy the appetite, impair digestion, induce an unhealthy state of the blood, and a torpor of the functions of all the organs and tissues.

Dr. C. did not consider it necessary to do more than merely allude to the morbid effects produced by the ingestion of alcoholic drinks upon the mucous membrane of the stomach and upon the liver. The diseased condition of these parts indicated by the terms “drunkard’s stomach,” and “drunkard’s liver,” were perfectly familiar to every student of pathological anatomy.

Its influence upon the brain and nervous system in the production of epilepsy or the more familiar phenomena of delirium tremens, are, also, too well known to the physician to render it necessary that he should do more than name them.

In passing, however, he would remark, that there appeared to be a determination in certain quarters

to entail the horrors of delirium tremens upon the poor inebriate who had been once its victim, by teaching the doctrine that the best and most effectual cure for it is a continuance of or a return to the very alcoholic liquors the use of which produced it.

An idea has been recently started that alcoholic stimulants—in moderate doses, at least—are essential to the well-being of man. That they prevent or retard the wearing out of the system by diminishing the metamorphosis, and consequently “the waste of the tissues.” The fallacy of this new plea in favor of the habitual use of alcoholic liquors has, however, been very successfully exposed. In so far as they can prevent the metamorphosis of tissue, they must be viewed as morbid agents, for just in the same degree will they diminish the vital activity of the organic functions, which is always in direct proportion to the waste of tissue; and will allow an accumulation in the living organs of effete materials, the retention of which is always productive of more or less injury to the health of the system.

Alcohol is not necessary during a healthy condition of the body and mind. The personal experience of Dr. C. was in favor of entire abstinence, during a state of health, from the use of alcoholic drinks, in every form and in any quantity. He had attained a somewhat advanced age with no diminution, as he could perceive, of his physical and intellectual powers, and with very infrequent and short spells of actual disease.

Dr. C. did not, however, believe, as did many of his friends, that the use of alcohol in even the smallest doses was positively injurious. There are some, no doubt, who, were they to confine themselves, always, in the use of alcoholic liquors, within the limits of strict prudence, might possibly be even benefited by them. We know this, at least, to be a fact, that there are individuals who use daily a moderate portion of such drinks, without apparently experiencing any bad effects from the practice. But even with this confession, Dr. C. feels the same desire to banish, were he able, the use of alcohol as a beverage during a state of health.

It may be confidently affirmed that, out of every ten individuals who partake of alcoholic drinks habitually, in any form or in any quantity, five, at least, will, sooner or later, be induced gradually to increase their dose or the frequency of their potations, until intemperance with all its evils, physical, social, and moral, becomes entailed upon them.

There is another objection to the habitual use of alcoholic beverages, even though they be taken to an extent short of that necessary to the production of intoxication, and that is, the positive deterioration of what may be termed constitutional resistance to morbid agencies. By the earlier writers on the yellow fever, as it occurred in the West India Islands,

we are assured that those who used ardent spirits were far more liable to be attacked by the disease than those who did not make use of them, and that in such it assumed a much more fatal character. Few of the English residents who persisted in drinking daily their brandied port, or exchanged this for the fiery rum of the islands, escaped an attack during the prevalence of yellow fever, in its most malignant and unmanageable form. While the French, who partook sparingly of their weak, acid wines, and well diluted withal, under the same condition as to acclimation, were rarely attacked, or when they did not escape, had the fever in its mildest and least fatal form. The same fact has been verified by more recent observers. Again, we find that persons admitted into our hospitals with any severe accident, who have been in the constant use of a large amount of alcoholic drink, are more difficult to manage, and more frequently sink under their effects, than when the same extent of injury occurs in the strictly temperate. Accidents occurring in the intemperate, or operations performed upon such, are apt to give rise to a peculiar nervous condition, or to an attack of delirium tremens, by either of which the case is seriously complicated, and the patient's chance of recovery materially diminished.

DR. EMERSON remarked that in the time of Dr. Fothergill it was that French brandy was first introduced into England, and he had the reputation of having introduced the practice of administering it in small quantities, which, he thought, operated favorably on many patients. However, Dr. F. lived many years, and said he saw the day when the practice which had been thus innocently introduced, had made its thousands of victims, and produced a distressing condition from the dissipated habits which were engendered from this.

There was no doubt that Fothergill was correct in his impression of having found benefit from the use of small quantities. Dr. Emerson himself was very careful in prescribing this stimulant. In country practice, it was formerly much the custom among nurses in the lying-in room, to call for alcohol to give the patient. This he had always discouraged, except in very great emergencies. He has met with cases of indigestion where this was of great benefit, in say teaspoonful doses, but even here he was exceedingly cautious, lest the craving be introduced, and which is one of the most difficult things to contend against.

DR. THOMAS disagreed with Dr. Condie to a certain extent. We must always bear in mind the great difference between the use and the abuse of anything—the medical and the dietetic employment of an article. He was much opposed to its daily use in any form, but, at the same time, he believed that

there were many diseases in which alcohol is of immense service. Early in his studies he had met with a remark by a father in medicine, which was "that he had met with greater good from wine whey and carbonate of ammonia than from all the other articles in the materia medica." The alcoholic preparations were extremely valuable, and he even considered them indispensable in his practice. He was fully aware that he was much in the minority in such views, that many were opposed to them, and that some physicians will not use any form of liquors, even in the greatest prostration, and yet had claimed for their practice the greatest success. He considered it proper to state his views, and endeavor to maintain them, as thus all sides of the question would be more fully brought out. He never thought he had done his duty if he withheld alcohol from his patients, especially after severe flooding had produced great prostration. He considered it a perfectly safe stimulus. Concerning the treatment of delirium tremens, also, he differed much from those who had just spoken. When he was connected with the Philadelphia Hospital, the mania-a-potu wards were under his care. He was desirous of trying some experiments on such cases. In each instance, particular attention had been paid to the history of the case, and also to the subsequent result, and in three months but one case was lost, though there had been a large number under treatment, and all of the worst form. We all know, too, what kind of patients are found in such institutions—broken down by venereal excesses, by the immoderate use of the very worst kind of liquors, etc. To these cases he gave good whiskey, and invariably found that he could sooner put them under the influence of opiates, etc., after having thus stimulated the brain, than he could without it. He thus brought them up to their normal state, at least normal for them at that time, and then the remedies could act with their full effect. It has been well said, that if these cases do not sleep, they are apt to sink from the great exhaustion thus induced. He could confirm Dr. Condie's remarks concerning the extraordinary fatality of accidents in hospitals among those who are given to the habitual employment of alcoholic stimulants. These, however, are not the result of the use, but the abuse, the dietetic, not the medical employment of alcohol.

In advanced consumption he believed that alcohol was a most valuable agent, and there, of course, it was used only as a dietetic. We are all in the constant habit of using cod-liver oil in these cases, to build up the system, though it contains no nitrogenized material; but it gives lime, and, as it were, extends the lease of life over a greater space, though the disease is still progressing, while the patient and his friends believe him to be fast recovering. After

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having been fattened up by this article, he suddenly sinks and soon falls a victim to the disease. Now alcohol contains the same elements—carbon, hydrogen and oxygen; it produces what is familiarly known as the "drunkard's liver," a fat liver, and causes a free deposit of fat in other portions of the body. We want the patient to make nitrogen from the albuminous and fibrinous element in his food, and, to do this, he must go out and breathe the fresh air, and take exercise, all which he is enabled to do by the employment of this temporary stimulus. He digests more food, and has an ability to take that due amount of exercise so needful for him. Dr. T. had seen much good to result in this way from alcohol.

Again, in cases of prostration, as from flooding after parturition, or from a shock from some injury, he considered alcohol as extremely serviceable. There was yet another condition of the system in which it would be highly beneficial, as where the patient had passed through the inflammatory stage of any disease, and could not yet take sufficient food, was much prostrated, etc. Here he would exhibit wine whey or weak milk punch.

Dr. CONDIE remarked that so far from there being any dispute between him and the gentleman who had just spoken, he was happy to say that he agreed with him fully in everything he had said in regard to the employment of alcoholic fluids as therapeutic agents. In the treatment of many diseases he was certain that he could not do without the employment of alcohol in some form or other. Though in practice a *totalitar*, so far as regards the use of alcoholic fluids as a dietetic drink, or "innocent indulgence," he nevertheless believes that his own life was preserved by the employment, during a severe attack of disease under which he labored this time last year, of wine in tolerably large doses.

It certainly went "much against the grain," when he found himself under the necessity of submitting to its use; he confessed, however, that it had proved in his case a most valuable remedy.

Dr. C. had, very recently, under his care, a young child, who, in consequence of a badly managed and protracted case of vesicular pneumonia, had been brought to the lowest condition of debility compatible with the continuance of life, and who was saved by a resort to small quantities of brandy given in calves foot jelly, dissolved in water. He was well convinced that alcoholic drinks, carefully and timely administered, would produce the most beneficial effects in perhaps the majority of cases of delirium tremens. In some cases of this disease its use was, however, of doubtful propriety. Occasionally, in connection with the pathognomonic symptoms of delirium tremens, we have unquestionable evidence of the existence of more or less disease of the me-

ninges of the brain. Under such a condition of things there would be danger resulting from the employment of alcoholic stimulants. He is convinced that the use of the latter is rarely, perhaps never required to insure the cure of delirium tremens. Neither are large doses of opium demanded for the arrest of the disease. Dr. C. has found no difficulty in arresting it by the administration of antispasmodics, especially of the foetid class, alone, or in conjunction with moderate doses of opium or of Hoffman's ether. He had, a short time since, in one case, effected a prompt and complete cure by causing the patient to inhale a combination of chloroform and ether. The great desideratum in delirium tremens is to procure sleep; the patient must sleep, or his recovery is impossible.

The preceptor of Dr. C. had been peculiarly successful in his treatment of the disease. He invariably prohibited his patient the use of alcoholic drinks, and put them upon pretty free doses of opium, with valerian, assafoetida, Hoffman's anodyne, etc. This was also the practice of the late Dr. Kuhn, as laid down in a copy of MS. notes of his lectures on materia medica, in the possession of Dr. William Currie, of Philadelphia.

When Dr. C. gives opium in delirium tremens, he is accustomed, almost invariably, to combine it with ipecacuanha, or to give it in the form of Dover's powder.

Dr. C. believed with Dr. Thomas, that delirium may be cured by alcoholic drinks, but doubted whether the employment of these was not liable to produce as much harm as good, by inducing ignorant persons, with already a morbid appetite for alcoholic stimulants, to continue in their indulgence—an indulgence which their medical attendant has declared necessary to enable them to escape from "the horrors" of delirium tremens, and thus seal their ruin physically, socially and morally.

In cases of sudden prostration Dr. C. every day employed some form of alcohol, and he should not consider that he had done his duty to his patients did he neglect its use in such cases.

He might enumerate, in addition, a large number of instances in which alcoholic fluids were, confessedly, extremely serviceable. Thus, in many cases of tuberculosis of the lungs, he has found sound wines and malt liquors very useful, and at an earlier period than that suggested by Dr. Thomas.

Dr. EMERSON spoke of the employment of alcohol in large quantities, so as to produce intoxication, in cases of persons bitten by serpents or rabid animals. He had heard of many cases, and believed recovery had taken place in extreme cases, which were well authenticated.

Dr. MAYBURY observed that as *delirium tremens* had been incidentally introduced, though not properly under discussion, he would ask permission to

make a few remarks upon that point. He had written a thesis on this subject, prior to his graduation at the University of Pennsylvania, in which he took strong ground against the use of alcohol in the treatment of delirium tremens, on account of the many "moral, social and physical evils," which its use, as a common beverage, was entailing on humanity, and which, he contended, the professional sanction of its necessity in the disease in question would tend still to increase, and render the reformation of the inebriate less frequent and much more difficult. He held the post of Resident Physician at the Philadelphia Hospital in 1843 and '44, and availed himself of opportunities which a series of concurrent circumstances—which placed the lunatic wards, both male and female, for a time, almost solely under his care—rendered particularly favorable for carrying out his anti-alcoholic views in the management of this disease. He had charge almost exclusively during the early three months of his residence there, of the female lunatic wards, in which a number of patients were admitted laboring under delirium tremens, and in nearly all these cases, with but few exceptions, he used opium and its preparations, valerian, assafoetida, Hoffman's anodyne, and the antispasmodics generally, with as great success as that mentioned by Dr. Thomas, as derived from the alcoholic practice. Subsequently, the last three months of his service, he also had charge of the male wards for this affection, and treated a much larger number of cases, principally in the first and second stages, but accompanied with the various complications which are not unfrequently met with in that institution. In these he employed a similar treatment, giving alcohol to but very few, and then only in extreme cases—where he was unwilling to assume the responsibility of the issue against the established custom of the house. He does not now remember (having mislaid the statistics for the quarter) that a single death occurred during that period. In the male wards, during the whole year, out of 257 cases, exclusive of 84 recorded as intoxication, there were five deaths, three of which died in the third stage—one but a few hours after admission, and the others with complications. It was the prevailing practice of the house to give brandy, and his colleagues, during their terms of service, used it very freely. Hence, it is proper to ascribe at least a fair proportion of the mortality during the year, if not all, to the alcoholic practice, as that was used nine months out of the twelve. Several of the patients were known to have had repeated attacks.

He also employed other remedies, besides the antispasmodics already named. In some instances he gave emetics and purgatives; in others carbonate of ammonia, oil of amber, bitter infusions, etc., etc.

[To be continued.]

Reviews and Book Notices.

On Poisons in Relation to Medical Jurisprudence and Medicine. By ALFRED SWAYNE TAYLOR, M. D., F. R. S., Professor of Medical Jurisprudence and Chemistry in Guy's Hospital, Examiner in Chemistry, etc., etc. Second American, from the Second Revised London edition. pp. 755. Philadelphia: Blanchard & Lea, 1859.

Dr Taylor, the author of the above work, is probably the most eminent toxicologist of the age. To the medical and legal professions he is well known as the author of a *Treatise on Medical Jurisprudence*, and of the work before us, this being the second American, from the second London edition.

As the criminal use of the various toxic agents is constantly increasing, there being no legal restraint upon the vending of poisons, the medical man is at any time liable to be called upon to give testimony in cases of murder by poisons, or to administer antidotes in cases of attempted suicide or murder. Hence, a work of the kind before us is one which is indispensable to a complete library, and we know of none superior to the one under consideration.

The paper, print, binding, etc., are all in the substantial style so characteristic of Blanchard & Lea's publications.

What May be Learned from a Tree.—By Harland Coultas, author of "Organic Life the same in Plants as in Animals," etc. Part II. For sale by John Alexander, No. 52 south Fourth street, Philadelphia.

We have read with interest the second part of this work just published. Its author is a thoughtful and enthusiastic student of nature, who brings to the task in which he is engaged, the ripe experience of years of toilsome application. Wishing him every success in his enterprise, we commend his work to the kind consideration of our readers.

Reports of Hospitals for the Insane.—We have before us the reports of the *Pennsylvania Hospital for the Insane*, located in this city, and of the *New Jersey State Lunatic Asylum* located at Trenton, both for the year 1858. Dr. Kirkbride reports 230 patients in the Pennsylvania Hospital, at the commencement of the year, 131 admissions and 131 discharges, leaving 230 under care at the close of the year. In the New Jersey Hospital Dr. Buttolph reports 279 patients at the commencement of the year, 147 admissions, and 133 discharges, leaving, at the close of the year, 293 in the hospital.

The practical working of these hospitals in a curative point of view, may be judged of from the number who were cured or improved. Thus we find the following statistics:

	Penn'a Hosp.	N. J. Hosp.
Discharged cured,	63	62
" much improved,	12	00
" improved,	29	51
	104	113

This shows a large number restored or partially restored to health from a species of malady which, until within comparatively a few years, was considered incurable.

There are some statistics in Dr. Kirkbride's report which but for lack of space, might be profitably studied. We will advert simply to the remarkable uniformity in the number of patients in respect to sex as exhibited in the following table:

	Penn'a Hosp.		N. J. Hosp.	
	M.	F.	M.	F.
Number in the house during the year, -	180	181	207	219
Highest number at any one time, -	125	125		
Number at beginning of year, -	117	113	135	144
Number at close of year, -	115	115	148	145
Admitted during the year, -	63	68	72	75

And this general law will be found to hold if we were to carry our investigations back, and include the whole period of the existence of each hospital.

We regret that we have not space to examine into the valuable tables in Dr. Kirkbride's report on the influence of occupation, age, etc., in the production of mental disorders.

We observe that both reports speak of the crowded state of the respective hospitals, and their inability to accommodate all who apply. In the case, however, of the Pennsylvania Hospital there is prospect of speedy temporary relief at least, when the new buildings are completed. The good that these institutions accomplish, commend them to the sympathy of our communities and State Legislatures.

In his report, Dr. Kirkbride particularly deprecates the too early removal of patients from the hospital. We are much pleased with the plans he adopts to amuse and instruct the patients under his care. They must form an important element in the success of the treatment. Both institutions are turning to good account in the treatment of the insane the employment of the inmates in horticultural and agricultural pursuits.

Editorial.

A UNIVERSITY!!

Not a State, not a Northern nor a Southern, but a *National University*—Are we to have one? That is a question that has been gravely asked again and again. It has been agitating the minds of our savans for years, and some of them think that it is in a fair way of being solved. We learn from the *Boston Atlas* that a meeting was recently held at a private house in that city to compare views on the subject.

"About twenty gentlemen were present from various parts of the country, embracing some of the most refined and cultivated intellects of our own State, as well as representatives from Louisiana, Virginia, Pennsylvania, Ohio, New York, and Maine. Some wealthy individuals, to whom the subject has been mentioned, have pledged themselves to contribute \$500,000 as the nucleus of a fund for the endowment of the institution. A committee was appointed to wait upon other men of wealth as soon as their plans have been matured, and one gentleman, prominent in intellectual circles, is to proceed to Europe shortly for the purpose of visiting the most noted Universities of England, Germany and Prussia, previous to arranging the details of a system upon which the proposed University is to be conducted. It is contemplated to carry out the undertaking upon the most comprehensive scale, and to present to the students of our country an opportunity for securing a more thorough acquaintance with every department of science, arts and literature, than can be obtained even at Cambridge or Oxford."

Excellent! excellent! and we sincerely hope that the plan will be carried out, that sectional feelings will be controlled, and that while the institution is placed under proper religious influences, that sectarian jealousies will not be suffered to stand in the way of a full realization of the hopes and wishes of the projectors of the enterprise. We confess, however, to having great fears that it will be many years before this very desirable object can be attained.

If a National University should be established, it would have the effect, perhaps, of giving a new turn to the question now, to a certain degree, agitating the medical mind of

our country, of a second degree in medicine. The Medical department of such an institution as the one proposed, could very readily shape the course of medical studies, and establish a standard of medical acquirement for our country.

By all means let us have the University—and, by way of forestalling sectional disagreements as to its location, we propose that it be located at the Federal capital, where everything national ought to centre. Of course our readers in every State of the Union will second that proposition.

FAIRMOUNT PARK.

The *Evening Bulletin*, of this city, publishes from the *Gardener's Monthly*, a map and description of the plan adopted by City Councils, of Fairmount Park, located on the Schuylkill, above the water works of that name. The plan is an excellent one, and the park, though of small size, will be one of the finest, in all respects, in this country. It is beautifully diversified with hill and dale, and skirts the eastern bank of the Schuylkill for more than a mile.

In one portion of the park provision is made for a Zoological Garden, which will be occupied probably, by a society which has just been chartered by the legislature, under the title of the "Zoological Society of Philadelphia," whose object shall be "the purchase and collection of living wild and other animals, for the purpose of public exhibition at some place in the city of Philadelphia, for the instruction and recreation of the people." Another portion of the grounds is devoted to the use of the Pennsylvania Horticultural Society. These are to be modeled after the zoological gardens in Regent's Park, London, and the *Jardin des Plantes*, in Paris. The whole park covers an area of about one hundred and ten acres. We most heartily second the suggestion of the Editor of the *Gardener's Monthly*, that the city secure the ground bordering on the west bank of the Schuylkill, and thus enlarge the park, which is much too small, though well planned for its size.

Money expended in this way by our large cities is well invested, and yields a heavy percentage on the outlay in the improved health of their inhabitants, for to communities the health, that is, the capacity to labor, of their working classes, is their wealth, and any money expended in preventing disease, or in ameliorating or hastening its cure, is well invested.

We hope yet to see another park in our city, somewhere in the northern section of it; one that will cover an extent of ground that we scarcely dare mention, but whose area will at least be counted by hundreds of acres. It should be a *forest* rather than a *garden*, should have extensive facilities not only for driving and walking, but for athletic and gymnastic exercises of all kinds, and every facility and inducement should be given to our boys and young men, who now lounge around our street corners and wharves, to resort to it. The *moral*, as well as the physical effect, would be incalculably good.

WOMAN'S HOSPITAL, NEW YORK.

The new building for the Woman's Hospital will soon be commenced on a lot of ground recently occupied as the *potter's field*, donated for the purpose. An extensive excavation is now proceeding preparatory to laying the foundations of the structure. A sufficient fund has been already raised to commence the building, which when finished will stand as one of the grandest monuments of the blended science and humanity of the age, and will render imperishable the fame of our distinguished countryman, Dr. Sims, who has done so much to obliterate some of the severest of human afflictions, and to whose energy and philanthropy the City of New York is indebted for the origin of this noble charity.

QUARANTINE AND SANITARY CONVENTION.

The Third Annual Meeting of the Quarantine and Sanitary Convention, will be held in the City of New York on Wednesday, the 27th of this month, at 10 A. M.

This meeting will be of the greatest interest and importance. The subject of public hygiene is now deservedly attracting the attention of every enlightened community and the report of the committee to be presented will be an embodiment of the present state of knowledge of quarantine and sanitary science.

The College of Physicians of this city have appointed Drs. Jewell, Condie, Ruschenberger, Bell and La Roche, delegates to the convention.

Prolapsus of the Funis.—Dr. William C. Rogers, of Green Island, Albany county, New York, is collecting statistics on this serious complication of labor. As statistical information is of the utmost importance in investigations of any kind in our profession, we hope that our readers will co-operate with Dr. Rogers, and furnish him with the means of preparing a complete essay on the subject.

The following are the points on which he seeks information:—Age; Pregnancy, number of, period of; Presentation; Complication; State of Funis during Labor; State of the Maternal organs; Duration of Labor; Means used to preserve the Funis; Mode of Delivery; Child, sex of, fate of; Remarks.

The Metropolitan Convalescent Institution receives from the numerous hospitals and the crowded courts, and alleys of London, many patients whose only hope of recovery is pure air, rest, and good diet. It contains one hundred and thirty-four beds, and admitted during the last year eleven thousand two hundred and one patients, most of whom were restored to health in little more than three weeks, and able to return to their work.

Correspondence.

We have received, directly or indirectly, a number of communications from different sections of the country in regard to various forms of imposition practiced on the community by quacks of various grades of pretention. We are always glad of the opportunity of exposing quackery by enlightening the profession on the subject, who should embrace every opportunity of warning the public.

The following communication comes to us

from a responsible source. We hope that our numerous readers at the south will look out for this fellow. As he is an *unfledged* "doctor," it might not be amiss to *fledge* him if he can be caught!

GROSS CREDULITY.

About two or three months ago I was shown a piece of colored gelatin, with a device upon it representing two figures holding up a heart apparently in flames, having on the upper part the words, "*received as a secret*," and on the lower, "*and kept as a secret*." An itinerant, I was informed, sold these in various parts of the country for *fifteen dollars* each, the gelatin to be worn on the pit of the stomach for the cure of epilepsy. The conditions were, that if no cure was obtained the money should be refunded. According to my informant, no fewer than *six* had, to his knowledge, been purchased in the county in Virginia in which he resided, a fact which argues strongly for the great prevalence of epilepsy in that locality, or what seems far more probable, for the existence of the grossest credulity and aptitude for deception. The address given by the itinerant was Mr. Simon A. Gump, No. 512 north Fifth street, Philadelphia. By reference to a directory of 1857, I find the only person by the name of Gump to be Simon Gump, peddler, at the house whose number is given above.

I had intended referring to this illustration of credulity and imposition at the time, but the matter escaped me, and it was not until my memory was freshened by the receipt of further information, that it recurred to me. By a letter from Alabama, I learn that that State had been visited by this vendor of quack medicines. Doubtless, after practising in Virginia and other southern States, at enormous profits, disposing of his stock of gelatin, the manufacture of which, by the gross, would probably cost him but a few cents, he has had recourse to other means, equally objectionable, of pursuing his traffic in the villages and towns of Alabama and the extreme South. An extract from a letter from a gentleman in that State will convey some idea of the extent to which this business has been carried.

"Mr. J. B. wishes you to inquire of the medical fraternity of Philadelphia if there is a personage residing there, or has been within the last year, by the name of Dr. Simon A. Gump, a Frenchman by nativity. A man by that name has been traveling through this country, professing to be a cancer curer, and

professing to cure all chronic diseases. Several persons in this section of the country have taken his medicines and have not received any benefit. He will not undertake any case without he is paid from fifty to three hundred dollars in advance. Mr. B. paid him about fifty in advance, and I think he is a perfect humbug, humbugging the people for their money. Please write me after you make a little inquiry, and let me know his standing as a cancer curer and a medical practitioner."

I cordially endorse the writer's opinion of the merits of this self appointed "medical practitioner," and trust that the medical and other journals of the South and South-west will copy this article, for the benefit of suffering humanity in that district of country. †

Periscope.

FOREIGN.

Application of Glycerine in Variola.—(From the German, by T. A. DEMME, M. D.)

—The terrible disfigurement that Variola often inflicts upon its victims, is one cause of the dread and horror that man instinctively feels at the approach of this loathsome blight. Notwithstanding the earnest endeavors of the physician to discover some therapeutic application that may protect his patient against the pitting and seaming which this disease so often leaves, we are compelled to admit, that comparatively little has been done towards accomplishing this object—mercurial plaster and ointment and penciling with astringent solutions failing to insure against deformity.

Dr. Posner, editor of the *Medic. Central Zeit.*, in the January number, 1859, of his journal, recommends the application of Glycerine in Variola, affirming that it protects and secures the patient against the variola deformity.

He was led to the use of glycerine, in consequence of the entreaties of his patients for some application that would relieve the distressing pain in the pustules; for this purpose he directed the anointing of the painful parts, every two hours, with pure glycerine; his anticipations were answered—the pain and tension being overcome.

It chanced that the first two patients, upon whom the remedy was tested, were completely covered with pustules, which, upon the face, were confluent. Great deformity was expected

—but when the scabs fell off, contrary to every anticipation, the scars that remained were small and on a level with the skin—they were, however, of such a dark color that the patients looked like mulattoes.

Out of instinct, not in obedience to direction, the convalescents continued the application of the glycerine, and, after six weeks, the discoloration had disappeared, and the scars were scarcely visible.

Since then a number of patients have been thus protected.

Great care must be taken that the glycerine is perfectly pure.

Paediatric.—Sémenas calls attention to a symptom which frequently occurs in children during dentition, particularly when the teething is not accompanied by the usual consensual Diarrhœa. The particular symptom referred to, (*Gaz. Méd. de Lyon*) consists in a characteristic Rhonchus, the result of a catarrhal hypersecretion of the respiratory mucous membrane, which occurs during every act of dentition. This sound, to which Sémenas gives the name *Bruit de la marmite qui four*, is scarcely ever accompanied by a cough—it is most marked during sleep or violent exertion, and may be heard at some distance from the patient.

As before said, this Rhonchus does not occur whilst a child labors under Diarrhœa.

Aesculus Hippocast. in Intermittent Fever.—Mouchon publishes the results which a Dr. Monvenoux has obtained by the administration of Aesculin (bitter extract of the *Aesculus H. Horse Chestnut*) in Intermittent Fever.

The medicine was prescribed for thirty-two patients, of which twenty-eight were laboring under the Fever and four under intermittent Neuralgia; of the former twenty-two were cured—the remaining six requiring the Sulphate of Quinia—of the latter, two were cured.

The Aesculin was given in doses of one or two grains during the apyrexia.

Therapeutic Applications of Sulphate of Atropia.—Dr. F. Scholz (*Wien. Ztschr.*) induced by the known effects of Atropia in dilating the pupil—the often curative effect in Epilepsy, and the favorable results obtained in alienations of the sensibility—has prescribed the sulphate of this alkaloid in a number of diseases in which sensibility and motory nerve activity were affected. The average dose was

1-20 of a grain given in solution. The medicine was tried in the following diseases:—

1. *Epilepsy* (eight cases) with complete cure in some cases and amelioration of the symptoms in other.

2. *Neuralgia of the Face* (two cases); in one case, consequent upon exposure eight days previously—a complete cure after pursuing the treatment for eight days; in the other case the internal administration failed to relieve the symptoms, the endermic application was then resorted to, effecting a cure in three days.

3. *Singultus* (ten cases)—in some cases almost an instantaneous cure—in other no effect.

Iridectomy.—The operation of Iridectomy has been hitherto confined to the formation of an artificial pupil—the great Ophthalmist of Europe, Von Graefe, has brought the operation prominently forward as answering several other indications.

In the *Allg. Medicin. Zeit.*, Dr. Forster refers to the following diseased conditions in which Iridectomy has proved of great value.

1st. In central opacity of the lens an ex-centric pupil enables the rays of light to pass through the clear peripheral portions of the lens.

2d. In chronic iritis. Excisions from the iris do not cause inflammation, but seems to remove congestion; Graefe resolved to try iridectomy as an antiphlogistic measure, his success far exceeded his expectations, the operation exerting a beneficial influence even when the iritis was accompanied by affections of the cornea, and choroid coat.

3d. In cases of adhesion of the iris to the capsule of the lens.

4th. In Glaucoma; Graefe positively asserts that in many cases this terrible disease is arrested, and sometimes the already weakened sight re-invigorated.

Hernia, formation of.—A very valuable paper upon the above subject appeared in the *Archiv. f. Physiol.*, 1858. The author, Dr. W. Roser attacks, and with powerful arguments, the received view of the *sudden formation of hernia*. That upon the occurrence of some violence the intestines are forced through the abdominal walls carrying with them a complete peritoneal covering.

The author draws a distinction between the hernial sac and the contents thereof; it is im-

possible to diagnose the existence of an empty hernial sac, only when intestine enters the sac can its existence be proved.

Umbilical hernia is the only species of hernia that the author admits can be so *suddenly formed*.

Femoral hernia is developed in the following manner. Masses of fat deposited in the subserous, subperitoneal tissue, gradually insinuate themselves between the fibres of the septum crurale causing the absorption thereof until they are covered by the superficial fascia only: the more advanced masses of fat now enlarge and glide forward and downward the peritoneum following, and thus gradually the femoral sac is formed. In old femoral herniæ these masses of fat can no more be detected—but in the recent rupture, many autopsies have proved the correctness of the views advanced.

The *inguinal hernia* which has hitherto been looked upon as of spontaneous origin, is always *congenital as far as the hernial sac is concerned*. This assertion is substantiated by the account of many autopsies made upon persons that were regarded as perfectly sound and healthy during their life-time, almost invariably the communication of the *tunica vaginalis testis* was not obliterated. The deduction follows that the inclination to the formation of inguinal hernia is the result of greater or less patency of the vaginal process of the peritoneum.

AMERICAN.

Tracheotomy.—Dr. Brainard, of the *Chicago Medical Journal*, gives the following as his method of preventing hemorrhage in this operation, and keeping the opening in the trachea pervious without resorting to a tube: "Having incised the skin and fascia by successive and careful incisions, I press the sterno-hyoid and sterno-thyroid muscles to each side with the fingers, and thus expose the thyroid body. This effected, I pass under the isthmus a director curved or an aneurismal needle. This is followed by a common suture needle, which may be passed with the blunt end foremost, armed with two very strong ligatures. A ligature is then tied very firmly on each side, and the isthmus of the thyroid body divided between them. A little dissection with a blunt instrument denudes the trachea to the required extent, and an opening can be made without a drop of blood being drawn into it. The ligatures which have been thus se-

cured, save the purpose of fixing the trachea, if desirable, and they may be tied behind the neck so as to raise it forward and keep the wound open.

"The necessity of using the tube I avoid by the following means: Having denuded the trachea, insert a small suture needle, armed with a ligature beneath two of its rings. Withdraw the needle, and drawing gently upon the thread, make a semi-circular incision on one side so as to form a *valve*, readily opened by drawing upon the thread. The opening thus formed can be kept patent or be allowed to close at will."

Lithotomy in Young Children.—Dr. Hammond, of Macon, Ga., reports in the *Southern Medical and Surgical Journal*, a successful operation for stone in a boy aged two and a half years. He says that the operation was twice successfully performed by Keate, at St. George's Hospital, at the age of twelve months. John Hunter operated on a child eighteen months old, and Civiale refers to one cut at the age of ten weeks.

Detection of Pregnancy by Ergot.—A writer in the *Boston Medical and Surgical Journal* recommends the administration of small doses of ergot, for the purpose of detecting pregnancy, and after an experience with it of several years, it has seldom failed, in his hands, to furnish the evidence sought. The specific action of the ergot is only communicated to the gravid uterus. The writer (who should have given his name) says that ergot can be given with entire safety in sufficient quantity to accomplish the object sought. It should be given in small doses until there is uneasiness in the back, or pain in the upper part of the thighs, and then withdrawn.

On Constipation.—Dr. J. R. Black, of Linnville, Ohio, recommends (*Lancet and Observer*) the *bichloride of mercury* in those cases of constipation in infants and pregnant and nursing women, in whom the nutritive processes are very active, causing an excessive absorption of the intestinal liquids, accompanied by a want of normal secretion in the mucous follicles of the bowels. In these circumstances he has found the bichloride of mercury to act as a laxative by stimulating the intestinal secretions.

He instances two cases. The first is of an infant six months old, whose bowels were in

that constipated condition that is perfectly familiar to most practitioners, to whom he administered the corrosive sublimate in doses of one-twentieth of a grain three times a day. The remedy acted so well as a laxative, that the dose had speedily to be reduced one-half and two-thirds, and finally discontinued altogether.

The other case is that of a pregnant woman, who had twice aborted in consequence, apparently, of obstinate constipation, and who in her third pregnancy was again threatened with symptoms of abortion from the same cause. The corrosive sublimate was resorted to successfully. The conclusions in these cases, Dr. Black tells us, are supported by many others.

He administers the corrosive sublimate in combination with the extract of sarsaparilla.

Sulphate of Cinchonia.—Dr. John T. Plummer, of Richmond, Indiana, who lets few things escape his observation in the literature of medicine, communicates to the *Lancet and Observer* some observations and experiments on the use of sulphate of cinchonia in intermittent fever, made by Marianini, Bardsley and others, which were published thirty years ago. The conclusion to which they came was that it was scarcely inferior to quinia in the treatment of that disease. Marianini considered it as equal to the sulphate of quinia, besides possessing the advantages of less bitterness and greater solubility in water. He generally gave thirty grains, divided into three portions, during the day (the apyrexia?) though he sometimes gave as high as twenty grains at a dose.

Dysmenorrhœa.—Dr. W. O. Barker, of Omega, Texas, (*N. O. Med. News and Hosp. Gazette*), believing that dysmenorrhœa partakes strongly of the nature of rheumatism, recommends the following formula, which he has used in its treatment with unbounded satisfaction:

R Guaiaci resinæ ʒj.
Potassæ nit.
Sulphur ʒj. M.

All to be well ground in a mortar, and put into a pint of brandy or good whiskey, and taken in tablespoonful doses morning and night.

Amputation for Progressing Gangrene.—Dr. J. J. McElrath, of Camden, Ark., in some very interesting surgical memoranda published

in the *New Orleans Med. and Surg. Journal*, details two cases of successful amputation for progressing gangrene, one a double amputation of both legs just below the knee, the other at the middle of the thigh. In one of the cases gangrene reappeared in the flap. It was, however, successfully combatted by free incisions through the diseased portions, a vesicating plaster made to embrace the entire stump as high as the hips, with the free use of stimulants.

Sulphur as a Dentrifice.—Dr. C. W. Wright says, in an article on this subject in the *Louisville Medical Gazette*, that the common flowers of sulphur of the drug store possesses advantages over all other substances on account of its antiseptic properties, its exerting no injurious action on the teeth, either chemical or mechanical, its ready preparation and cheapness. The sublimed sulphur must be freed from any acid which it may contain by agitating it in water in which a small quantity of carbonate of soda has been dissolved, and then freed from the soda by repeated washing in cold water.

Sanguinaria Canadensis in Dysmenorrhœa.—Dr. John D. O'Conner, of Sunfish, Ohio, recommends (*Lancet & Observer*) the tincture of *Sanguinaria Canadensis* in dysmenorrhœa. He gives a teaspoonful of the tincture three times a day, and a tablespoonful on going to bed, commencing a fortnight before the expected return of the menses. At bed-time he gives a foot bath, or, in bad cases, a sitting bath. If this does not have the effect of restoring the discharge, he omits the remedy a fortnight, and then resumes it. Dr. O'Conner has used this remedy with uniform satisfaction for twelve years, and it would seem to be worthy the attention of our readers.

Persulphate of Iron as a Hæmostatic.—Dr. James F. Hibberd, of Richmond, Indiana, publishes in the *Lancet & Observer* his experience with the above remedy in a case of obstinate epistaxis. The patient had lost about one hundred ounces of blood within a little more than eight hours time. Having cleared the nostril of all coagula, and washed it out with two syringefuls of cold water, he injected with a common glass penis syringe fʒss of a mixture, consisting of a solution of persulphate of iron one part, and rain water ten parts. The bleeding ceased at once com-

pletely, and did not return. Nor was there any oozing of blood, for the nostril remained open, and breathing through it was easy.

The following are the points worthy of notice: 1st. The hemorrhage, after having resisted all ordinary remedies, was arrested at once upon the application of a dilute solution of the persulphate of iron. 2d. The application was convenient, and without pain to the patient. 3d. The nostril was left clear of clots, irritation, or other unpleasant consequence of either the lesion or the medication.

The preparation used by Dr. Hibberd was a solution of the salt as made and used for many years as a ferruginous tonic by Dr. John T. Plummer, of Richmond, Indiana. The following is Dr. Plummer's formula:

R Sulphate of Iron, ℥iiss.
Nitric acid, f℥ij.
Water, (pure) f℥xss. M.

Triturate the salt and the acid together for fifteen minutes, then add the water and filter through paper.

Hospital Instruction in Paris.—Dr. Benjamin Lee, of New York, in a letter from Paris to the *American Medical Monthly*, has the following remarks on the subject of hospital instruction in Paris.

"There are two features of the Paris Hospital system which deserve especial attention, from the facilities which they offer to students. The first is their division into specialties, the devoting of separate institutions to the treatment of special diseases or classes of diseases.

"The second peculiar feature which I would mention is one so generally known in America, that it is a little singular that it has never been adopted. I refer to the practice of giving clinical lectures to small private classes, on the part of the house physicians (internes) of the hospitals. The student in Paris very soon finds that there are no courses so profitable as these; and the reasons are obvious. The Professor in his public round must visit every patient, while the assistant with his private class can devote all his time to a few of the more interesting cases. The responsibilities which rest upon him make him a careful observer of all their peculiar features, while his intimate association with the visiting physician puts him fully in possession of both his knowledge and his opinions in regard to them. Add to this the fact that each member of one of these small classes has an opportunity for a

thorough examination of each patient himself, and for testing his powers of diagnosis, and the reasons for the peculiarity of these courses will be sufficiently apparent. To the lecturer himself there are not less striking advantages.

"First, the practical one of replenishing his empty pockets, (for it is to be taken for granted the pockets of a medical student are generally in this unpleasantly jejune state,) which, if he be a man of capacity and possess a faculty for conveying instruction, it will do to a very considerable extent—some of these courses commanding a pretty heavy fee. (The mean rate for a course of 12 lectures is probably 20 to 25 francs—\$4 to \$5.

Medical News.

We see it stated that steps are on foot to found a Medical College in Mobile, Ala., and that Dr. Nott of that city will soon leave for Europe on business pertaining to the enterprise. Alabama has some able men within her borders, and can readily fill an able faculty without going out of the State. A new college will beget a new medical journal to be added to the large number already in existence in our country.

The Chicago Medical Journal has undergone an editorial change by the retirement of Drs. Davis and Byford, and the assumption of the editorship by Dr. Daniel Brainard, Professor of Surgery in the Rush Medical College.

The eminent and energetic character of the new incumbent will at once give an impulse to the journal, and his promise to increase its interest and practical value is sufficient assurance of its future success. Dr. Brainard has an extensive field open before him in which he is favorably known, and from which he deserves to be greeted with a great accession of subscribers.

A physician was recently censured in New York by a coroner's jury for neglecting a woman in confinement, whose case he had undertaken, whereby the life of the child was sacrificed, by asphyxiation. Certainly very censurable, if true.

Dr. Louis Szpaczeck, the friend, companion and physician of Kossuth, was buried in New York on the 10th inst. His age was 43.

Sensible!—Charles Lamb is said to have had an uncompromising disgust for two things—roast pork and tobacco. He said if he were to offer a sacrifice to the devil, it would be a roasted pig stuffed with tobacco!

At a meeting of the Board of Guardians of the Poor of this city on Monday last, the 11th inst., the following gentlemen were elected Assistant Resident Physicians to the Philadelphia Hospital.—Drs. D. D. Richardson, H. Earnest Goodman, Phillip Leidy, and J. W. Lodge, of Pennsylvania, T. Sumter Means, of South Carolina, A. S. Cousins, of Virginia, and P. F. Whitehead and B. S. Wood, of Kentucky.

We understand that Dr. Thomas Hun has vacated the chair of Physiology in the Albany N. Y. Medical College, and that Dr. Howard Townsend has been transferred from the chair of Materia Medica to fill it. We have not learned who fills the chair vacated by Dr. Townsend.

We have received the first announcement of the Medical Department of the University of the Pacific, located at San Francisco, California. The lectures are announced to commence on the first Monday in May next, and continue eighteen weeks.

Faculty—J. MORISON, M. D., Professor of Pathology and of the Principles and Practice of Medicine; ISAAC ROWELL, M. D., Professor of Chemistry; R. BEVERLY COLE, M. D., Professor of Physiology and of Obstetrics and Diseases of Women and Children; E. S. COOPER, M. D., Professor of Anatomy and Surgery; B. R. CARMAN, M. D., Professor of Materia Medica; Hon. GEO. BARSTOW, Professor of Medical Jurisprudence.

Dr. COLE is the Dean of the Faculty.

Dr. B. H. RAND, Professor of Chemistry in the Philadelphia College of Medicine, has been also appointed Professor of Natural Philosophy and Chemistry in the High School of Philadelphia.

DR. JAMES ROBERTS, of Carbondale, Illinois, and DR. CALVIN WEST, of Hagarstown, Indiana, will receive subscriptions and communications, and forward them to us.

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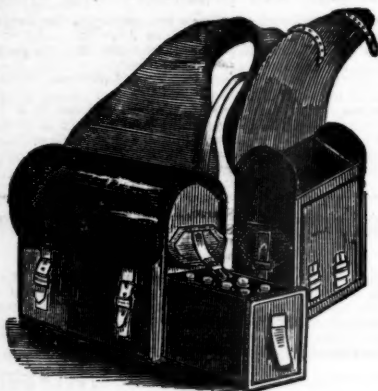
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